

Form CPF M 102: Campaign Finance Report

Municipal Form
Office of Campaign and Political Finance

CITY OF CAMBRIDGE ELECTION COMMISSION

	with: or Town C	lerk or Election Commi	ssion Pleas	se print or ty	pe all informati	on, except sign	SOTT ^{e s} io A	-21A 9	: 08	,
- 1	Fill in da Reporting	ites: g Period Beginning	Month l	Date	Year ZOI(Ending	Month LO	Date 2.0	Year ZCI//	
		report: (Check one preceding prelimin		day precedin	ng election 🛚	30 day after ele	ection []year-end rep	oort 🗆 diss	solution
		84 Huv	ittee nt and District Ave ial Address OZI 3	cable)		David Name 184	Committe C 4 of Commit + Lwc nittee Mai	e Name BLON tee Treasurer Ave. ling Address MA		
		Line 2: To Line 3: St Line 4: To Line 5: Et Line 6: To Line 7: To	nding bal otal receip otal expending bal tal in-king tal (all) o	ance fro pts this p ne 1 plus line nditures ance (line d contrib utstandir	BALANCE om previou period (page e 2) this period 3 minus line 4) outions this ng liabilitie	s report 2, line 11) I (page 3, line period (page 4)	\$ \$ \$ 14) \$ \$		00 47-43 04	
	I certify the campaign and represe M.G.L. c.	of Committee Treasure at I have examined this finance activity, including the the campaign finance. 's signature (in ink)	report including ng all contribution ce activity of all	ons, loans, rece I persons actin	ints, expenditures,	lisbursements, in-l ty or on behalf of	kind contrib	utions and liabil	ities for this rep	porting period
		· <u>I</u>	OR CANDI	DATE FILI	INGS ONLY: (CANDIDATE MI	UST SIGN I	BELOW)		
-	I certify t campaign have not a Candii I certify t campaign and repre	of Candidate: (check date with Committee a hat I have examined thi finance activity, of all received any contribution date without Committee hat I have examined thi finance activity, includes the campaign finance is the ca	nd no activity in s report includin persons acting was, incurred any e OR Candidates report including ing contribution nee activity of all	g attached scho under the autho liabilities nor n e with indepen g attached scho s, loans, receip Il persons actin	edules and it is, to orify or on behalf of nade any expenditure ident activity filing edules and it is, to ots, expenditures, di	f this committee es on my behalf do separate report the best of my kno sbursements, in-ki ty or on behalf of	in accordane uring this repowledge and ind contribut this comm	ce with the requesting period. I belief, a true astions and liabili	irements of M. nd complete staties for this repace with the rec	G.L. c. 55. 1 atement of all orting period

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page number on each page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
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Line 9:	Γotal receipts in excess of \$50 (or listed above)		
Line 10: 7	Γotal receipts \$50 and under* (not listed above)		
Line 11: 7	TOTAL RECEIPTS IN THE PERIOD		Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

January 2011 -Oct 20,2011

SCHEDULE A RECEIPTS

it it						Scients	Moure made	state ver	protessor; manager						1951					health care arec.		Charles Kiver Conservover		p-otessor	
Amount	75	66	75	100	100	200	500	200	300	6	100	75	100	500	200	500 75	150	100	75	200	100	200	5	200	75
Zip Code	2140	02137	02138	02138	02139	02139	02140	02472	02138 02129	02138	97202	02138	02138	2187	08003	2186 02138	02139	02140	02138	02139 02138	02138	02138	20816	02138	02138
State	MA	MA	MA	MA	MA	MA	MA	MA	MA MA	MA	В	MA	MA	MA	2	M A A	MA	MA	MA	MA MA	MA	MA	MD	MA	MA
City	Cambridge	Cambridge	Cambridge	Cambridge	Cambridge	Cambridge	Cambridge	Watertown	Cambridge Charlestown	Cambridge	Port;and	Cambridge	Cambridge	Milton	Cherry Hill	Milton Cambridge	Cambridge	Cambridge	Cambridge	Cambridge Cambridge	Cambridge	Cambridge	Bethesda	Cambridge	Cambridge
Street Address	143 Otis St.	110 Vassal Lane	11 Norton PI	101 Larch Road	21 Acorn St.	23R Fairmont St.	23 Norris St.	159 Russell Ave.	3 Walker St. 52 High Street #2	3 Walker St.	910 NW Canning St,	74 Normandy Ave.	174 Lakeview Ave.	124 Canton Avenue	37 Spring Mill Lane	124 Canton Avenue 91 Oxford Ave	21 Amory St.	177 Pemberton St., Unit 20	90 Oxford Ave	5 Saint Mary Rd. Apt. 3 7 Acacia St.	110 Vassal Lane	2 Hubbard Park Rd.	6414 Wiscasset Rd	16 Hilliard St.	47 Banks St. #2
Last Name	Bayard	Bildman	Duncan	Elliott Holmes	Feinburg	Gould	H E	Hecht	Jencks Lappin	Mansbridge	Nolan	Olick	Page	Rabkin	Rabkin	Rabkin Rothstein	Schear	Sevian	Simmons	Singer Spence	Stanley	Von Tscharner	Walker	Ware	Wissemann
First Name	Lyza	Mark	Julia	Ann M.	Doug	Alexandra	Susan	Jonathan	Christopher Richard	Jane	Mary	Eric	Shippen	Adrienne	MaryAnn	Mitch Laurie	Elaine	Hanna	Mark	Janet Rina	Lois	_ Renata	Nancy	Susan	Mary
Date	8/29/11	10/21/11	9/11/11	9/18/11	8/28/11	10/15/11	10/15/11	10/21/11	10/15/11	10/21/11	10/21/11	10/21/11	10/15/11	8/25/11	10/21/11	8/25/11	10/15/11	9/9/11	10/15/11	9/15/11 10/21/11	10/21/11	10/21/11	10/21/11	10/21/11	10/15/11

4,799 1,285 6,084

Total receipts in excess of \$50 (listed above)

Total receipts \$50 and under (not listed above)

Total receipts in period

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amoun
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		Line 12:	Expenditures over \$50	
•		Line 13:	Expenditures \$50 and under*	
Е	nter on page 1, line 4	Line 14:	TOTAL EXPENDITURES	•

^{*}If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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SCHEDULE B Expenses

			9/20/11 Whole Foods 9/5/11 Staples 9/1/11 USPS 9/30/11 Wainwright Bank	
			Fresh Pond Mall Cambridge, MA Alewife Brook Parkway Cambridge 02140 Cambridge, MA Alewife Brook Parkway Cambridge 02140	SCHEDULE B Expenses Address 123 Sawyer St. # 5, New Bedford, MA 02746 Creighton St, Cambridge MA
		Expenditures over \$50 Other expenditures under \$50 Total Expenditures	food for event office supplies postage bank charges Jan-Sept	Purpose of expenditure website printing
	,	७ ७ ७	\$\$ \$\$ \$\$ \$\$	Amount
		6,356.43 40.00 6,396.43	83.17 120.43 132.00 75.54	~1

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added

together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
oct.	Lyza Buyard	143 Oh3 St. Cambondel MA 021210	design services	\$200
oct.	Elaino thren	Lavon Road Camb. 02138	chocolate gittbox for event	480
Oct.	Lit Adams	26 Hubbard Park Cambridge 02138	food for event.	200
-				٠
		Line 15:	In-kind over \$50	480
		Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17:	Total In-kind	480

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
Prior	SELF	184 Huran Ave.	loan to campaign	7400.00
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•				
	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	7400.00

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

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